
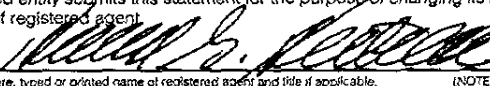
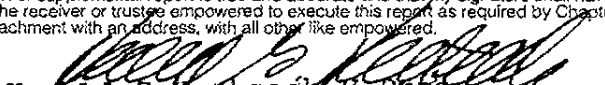


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**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000086871		
1. Entity Name GREAT POTPOURRI, INC.		
Principal Place of Business 1311 E. SECOND ST SANFORD, FL 32771	Mailing Address 1311 E. SECOND ST 1982 SR 44 SANFORD, FL 32771	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  HARTSOCK, HAROLD 1311 E. SECOND ST SANFORD, FL 32771		<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		U000000092943 03/19/04-80029-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, EOGHAN 601 W SEMINOLE BLVD SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTSOCK, HAROLD G 1311 E 2ND ST SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  Signature and typed or printed name of signing officer or director		1-1904 407 322-4854 Date Daytime Phone #



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3282096Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required**DO NOT WRITE  
IN THIS SPACE****DO NOT WRITE  
IN THIS SPACE**